**Student Teaching Checklist for Cooperating Teachers**

Each time the clinical supervisor visits, the cooperating teacher will be asked to complete this checklist. Please mark the column which most accurately reflects the behavior of the student teacher. This is an opportunity to help the candidate begin to practice the behaviors of an effective teacher.

Candidate Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Sometimes** | **Frequently** | **Always** |
| Dresses professionally (LMC dress code) |  |  |  |  |
| Turned in a 15-week schedule |  |  |  |  |
| Arrives (early or) on time |  |  |  |  |
| Maintains schedule as set |  |  |  |  |
| Calls with unexpected issues (How many times? \_\_\_\_) |  |  |  |  |
| Leaves cell phone in car |  |  |  |  |
| Submits Lesson Plans for following week on designated day |  |  |  |  |
| Comes to school prepared |  |  |  |  |
| Listens to professional colleagues |  |  |  |  |
| Demonstrates successful teamwork skills/Gets along well with peers |  |  |  |  |
| Maintains positive attitude |  |  |  |  |
| Maintains proper confidentiality |  |  |  |  |
| Adheres to LEA policies |  |  |  |  |
| Engages appropriately with students |  |  |  |  |
| Uses technology effectively |  |  |  |  |
| Uses correct grammar in speaking and writing |  |  |  |  |
| Has no misspellings in work for students |  |  |  |  |
| Demonstrates appropriate content knowledge and mathematical ability for assignment |  |  |  |  |
| Promotes healthy (emotional and physical) learning environment |  |  |  |  |

List two recommendations for growth toward becoming an effective teacher:

Cooperating Teacher Signature Date